

Driver's Monthly Fuel Report

THIS FORM SHALL BE SUBMITTED TO THE DIRECTOR OF TRANSPORTATION/CENTRAL OFFICE DESIGNEE ON THE LAST WORKING DAY OF EACH CALENDAR MONTH.

Vehicle No. _____ Driver's Name (Please print): _____

For the Month of: _____ Year _____

Date	Mileage	Fuel- (#of Gallons)	Oil - (#of Quarts)

Total number of miles _____ **Total fuel use (in gallons)** _____ **Total oil used (in quarts)** _____

I certify the above to be a true and accurate record. _____
Signature of Driver/Superintendent's designee

Review/Revised:05/18/98